

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LM</i>	<i>68904</i>	<i>4/5/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>4/11/00</i>
FORMALITY REVIEW		<i>75121</i>	<i>6/4/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/23/03
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3	5/18/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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